File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073

Reset Form

Lil Vets

510 E. 12", Ste. 1A Des Moines, Iowa 50319	507 11077			. Dig Affika nga kala Mandik Nandaran nami sa Kala sa sa sa kala bira sa sa s		
Fax: 515-281-4073		S, SEE BACK OF FORM	20	200 007 20 AM 6: 54		
		SUMMARY PAGE	<u>.</u>	.00 001 20 MI U JA		
	same as on Statement of Organ	nization)	١,			
Waterman for State Senate				FORM		
(1)Statewide/Legislative/Judge S (4)County Central Committee (5	of committee you are reporting for: standing for Retention Candidate (2 )County Candidate (6) City Candid y PAC (9) City PAC (10) School Bo	State PAC (3) State Party ale (7) School Board or Other Political pard or Other Political Subdivision PAC	(	DR-2 (Rev. 07/2007) DISCLOSURE REPORT  For Office Use Only Comm. #		
CANDIDATE COMMITTEES	ONLY:		╡	Logged In		
Candidate Name		Political Party (if applicable)		Scanned		
Steve Waterman		Democrat		Computer		
Office Sought State Scnatc		District (if Senate or House)	1 1	Audited		
Sundi Sin BIGNATURE OF PERSON FIL	ot h	<u> (441-342-248</u> 7 TELEPHONE	-	10 - 15 - 08 DATE SIGNED		
AM FILING A 10/20/08		REPORT FOR (1) ELECTION	/( <u>2)N</u> ON	N-ELECTION YEAR.		
(re	port date)	Indicate by #	: 1			
☐CHECK IF AMENDMENT TO	REPORT DATED		Local Co	mmittees, enter Date of Election		
`	file reports until a DR-3 is filed.)			Local Committees, enter County in action is held		
CASH ON HAND at the beginni committee. This amou	ENT OF CASH ON HAND ing of the reporting period. (Tota unt MUST be the same as the feet	l of all funds held by the sh on hand at the end t report filed.)		88.58		
	TAKEN IN THIS PERIOD	report #ed.)				
		A \ (tales as in bind below)		1.30		
		e A) (*also see in-kind below)				
		Schedule H)		<del></del>		
	applies to Candidates' Commi		••••••			
100.00	applied to deflated a dollar	SUB-TOTAL	\$	89.88		
SUBTRACT TOTAL N	MONEY SPENT THIS PERIOD		•	**************************************		
		*also see debts and loans below)		27.30		
		F)				
		t balance must be zero)		62.58		
		le E)				
		F)	•			
ONSULTANT BREAKDOWN		· /·····				
ANDIDATE COMMITTEES OF	· ·		_	YE\$NO		
	ERTY (From Schedule H - Attach	Schedule H)	\$			
		bank statement in January of each	•			
<u> </u>	a reconstruction callipaign account	Daim Statement in January of each	vear.			

FOR INSTRUCTIONS, SEE BACK OF FORM

## **EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

Lil Vets

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (	Must be s	same as o	on Statemen	t of Organization)
Waterman for State S	enate			

CANDIDATE NAME AND ADDRESS TO WHOM **PURPOSE** AMOUNT DATE ID NUMBER **EXPENDITURE** (DESCRIBE TRANSACTION) **EXPENDED EXPENDED** (Disbursement) WAS MADE (if applicable) AND PAC (MM/DD/YR) CHECK NUMBER ID# American State Bank service charge on checking 8/5/08 s 9.10 Osceola, IA 50213 CK# ID# American State Bank service charge on checking 9/5/08 Osceola, IA 50213 9.10 CK# ID# American State Bank service charge on checking 10/5/08 Osceola, IA 50213 9.10 CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK#

SUB-TOTAL

\$ 27.30

TOTAL (if last page of this schedule)

\$ 27.30

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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(for Schedule B)

Reset Form

**SCHEDULE** 

(Rev. 07/03)

MONETARY

**RECEIPTS** 

## For Instructions, See Back of Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Waterman for State Scnate

CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOI FUND- RAISEF INCOMI
7/3/08	ID#	Interest		\$0.74	
8/5/08	ID# CK#	Interest		0.35	
9/5/08	ID# CK#	Interest		0.16	
10/3/08	ID# CK#	Interest		0.05	
	ID# CK#				
		1	SUB-TOTAL	\$ 1.30	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_ of \_\_\_\_

1.30

TOTAL (if last page of this schedule)